

99056 P

Please type a plus sign (+) inside this box →



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Approved for use through 9/30/00. OMB 0851-0032
 Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	
		First Named Inventor	Hummel
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		COMPLETE IF KNOWN	
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Optical System

the specification of which

(Title of the invention)

☒ is attached hereto
 OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
10000193.9	Germany	01/05/2000	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:
 I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

Page 1 of 2
 Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box ☐

PTO/SB/01 (12-97)

Approved for use through 9/30/00. CMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 133 of any United States application(s), or 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR
☐ Registered practitioner(s) name/registration number listed below

Please Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Jody L. Factor	34157		
Jovan N. Jovanovic	40039		
William L. King	46830		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☐ Correspondence address below

Name	Jovan N. Jovanovic				
Address	FACTOR & PARTNERS, LLC				
Address	100 West Monroe St., Suite 300				
City	Chicago	State	IL	ZIP	60603
Country	USA	Telephone	312-578-0400	Fax	312-578-8220

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Wolfgang		Hummel			
Inventor's Signature	<i>Wolfgang Hummel</i>			Date	01.12.00
Residence: City	Schwäb. Gmünd	State		Country	Germany
Post Office Address	Gartenstr. 21				
Post Office Address					
City	Schwäbisch Gmünd	State		Zip	D-73525
				Country	Germany

☐ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box ☐

PTO/SB/02A (3-97)

Approved for use through 9/30/99. OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a
valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Hubert		Holderer	
Inventor's Signature	<i>J. Hubert Holderer</i>		Date <u>1.9.2000</u>
Residence: City	Königsbrunn	State	Country Germany
Post Office Address Gräfinstr. 6			
Post Office Address			
City	Königsbrunn	State	Zip D-89551
Country Germany		Citizenship Germany	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Rudolf		Von Bünau	
Inventor's Signature	<i>RMD</i>		Date <u>12/4/00</u>
Residence: City	Esslingen	State	Country Germany
Post Office Address Teussenbergweg 38/2			
Post Office Address			
City	Esslingen	State	Zip D-73457
Country Germany		Citizenship Germany	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Christian		Wagner	
Inventor's Signature	<i>CW</i>		Date <u>12/06/00</u>
Residence: City	Aalen	State	Country Germany
Post Office Address Weidenfeld 8			
Post Office Address			
City	Aalen	State	Zip D-73430
Country Germany		Citizenship Germany	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

2000-01-03 10:00:00

Please type a plus sign (+) inside this box ☐

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jochen		Becker	
Inventor's Signature	<i>Jochen Becker</i>		Date
Residence: City	Oberkochen	State	Country Germany
Post Office Address	Junoweg 10		
Post Office Address			
City	Oberkochen	State	Zip D-73447
Country	Germany		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Stefan		Xelber	
Inventor's Signature	<i>Stefan Xelber</i>		Date
Residence: City	Oberkochen	State	Country Germany
Post Office Address	Frühlingstr. 7		
Post Office Address			
City	Oberkochen	State	Zip D-73447
Country	Germany		